

**State of Iowa**  
**Out-Of-State OWI Educational Training Program**  
**Certification of Completion**

*Please print clearly or type the information on sheet.*

Iowa law required that individuals convicted of operating a motor vehicle while under the influence of alcohol complete a 12-hour educational course. In order for the State of Iowa to release the hold placed on your driving record, you must submit this form to the address below with an administrative fee of \$25. **Only cashiers check or money order will be accepted.**

Iowa Department of Education  
Attn: Drinking Driver School  
Grimes State Office Building  
400 East 14<sup>th</sup> Street  
Des Moines, IA 50319-0146

**OWI OFFENDER INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last Name First Name MI (mm/dd/yyyy)

Driver's License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County of Residence: \_\_\_\_\_ County of Sentencing: \_\_\_\_\_

**OWI EDUCATION PROVIDER INFORMATION**

Provider Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_

**OWI EDUCATION INFORMATION**

Length of Educational Program: \_\_\_\_\_ Hours\* Date Course Completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Did the offender satisfactorily complete the course? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is this a Prime for Life (PRI) approved course? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the course provide the offender with:

1. an understanding that alcohol-related problems could happen to anyone, and that a person's drinking choices matter; an illustration of the common views of society that prevent people from taking drinking choices seriously; and research presented to challenge common views with an understanding that alcohol problems relate to lifestyle choices?
2. an understanding that specific low-risk choices will help reduce the risk of experiencing alcohol-related problems at any point in life?
3. methods of providing support for making low-risk choices?
4. an accurate description of the progression of drinking to the development of alcoholism, and how high risk choices may jeopardize their lives and the life of others?
5. opportunities to develop a specific plan of action to follow through with low-risk choices, and a list of community resources for ongoing support and treatment?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Please attach a course outline of your educational program and a copy of the course completion certificate.**

*Under penalty of perjury, I affirm that the offender listed above has successfully completed a DUI Educational Program that covers, and that all information specified on this form is true and correct.*

\_\_\_\_\_  
Authorized Signature                      Print Name                      Date                      (       )  
Telephone

**\* If the course listed above is not a total of 12 hours in length, the offender must complete one or more of the following so that the total educational training/counseling is equal to 12 hours.**

#### **ADDITIONAL EDUCATIONAL TRAINING/COUNSELING**

**In addition to the educational course listed above, I have :**

\_\_\_\_\_  
Attended Alcoholics Anonymous meetings for a total of : \_\_\_\_\_ hours *(list meeting information below)*

**Meeting Location:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

Main topic of the meeting: \_\_\_\_\_

Signature of Person in Charge of Meeting: \_\_\_\_\_

**Meeting Location:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

Main topic of the meeting: \_\_\_\_\_

Signature of Person in Charge of Meeting: \_\_\_\_\_

**Meeting Location:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

Main topic of the meeting: \_\_\_\_\_

Signature of Person in Charge of Meeting: \_\_\_\_\_

**Meeting Location:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

Main topic of the meeting: \_\_\_\_\_

Signature of Person in Charge of Meeting: \_\_\_\_\_

\_\_\_\_\_  
Attended Private Counseling Sessions for a total of : \_\_\_\_\_ hours.

*Attach a letter signed by the counselor specifying the date(s) were attended.*

#### **SUMMARY**

\_\_\_\_\_  
hours of OWI educational training completed

\_\_\_\_\_  
hours of Alcoholics Anonymous meetings attended

\_\_\_\_\_  
hours of Private Counseling sessions completed

\_\_\_\_\_  
**TOTAL HOURS COMPLETED**

\_\_\_\_\_  
Signature of OWI Training Participant                      Date